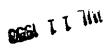
FILED APR	4 1950	THE DIVISION OF HE		State File No	11534 -
BIRTH NO	- J.	REG. DIST. NO. 317	PRIMARY REG. DIST. NO.	6076 Registrar's N	. 782
1. PLACE OF DE	тн Louis		2. USUAL RESIDENC	E_(Where deceased lived. If I	netitution: residence before admission)
b. CITY (If outside corporate limits, write RURAL and give CR township) STAY (in this place)			115 NO. 2 S	limits, write RURAL and give to	waship)
d. FULL NAME OF HOSPITAL OR		atitution, give street address or location) mec Bottom Road	d. STREET : CI	rural, give location) Midland	0
NAME OF DECEASED (Type or Print)	a. (First) Edgar	b. (Middle)	c. (Last) Schmid	4. DATE (Month)	
5. SEX / 6.	color or race	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Speeds) Married	8. DATE OF BIRTH	9. AGE (In years IF DE)	24th, 1950 ER I YEAR SF UNDER 21 HZS. Days Hours Min.
Oa. USUAL OCCUPATION of the during most of working the tructor	N (Give kind of work	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State or for	sign ocuntry)	12. CITIZEN OF WHAT COUNTRY? USA
Charles H		13b. MOTHER'S MAIDEN Mary P. Kle:	NAME . 14.	name of Husband on Wiladys Schmid	
5. WAS DECEASED EVE Yes. no. or unknown) (If Yes.	R IN U.S. ARMED F	ORCES? 16. SOCIAL SECURITY NO. 304-05-6187	17. INFORMANT'S SI Gladys Schmid	GNATURE OR NAME	nd ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO DIRECTLY LEADII		ertification		INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis-	ANTECEDENT CAN Morbid conditions, rise to the above can the underlying caus	if any, giving DUE TO (b) CP:	tation when trashed and burn	eaining plane ned in field	
tase, injury, or complica- lion which caused death.		DUE TO (c) ICANT CONDITIONS uting to the death but not e or condition causing death.			
9a. DATE OF OPERA-! TION		INGS OF OPERATION	400	813X	20. AUTOPSY?
na. ACCIDENT SUICIDE HOMICIDE ACC	(Specify) Z	1b. PLACE OF INJURY (e.g., in or about ome, farm, factory, street, office bldg., etc.) OPEN TIELD	21c. (CITY, TOWN, OR TOWN Rural	St. Louis	MO.
Pid. TIME (Mooth) OF INJURY 3	(Day) (Yes) (B 24 50	21e, INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21f. How did injury occu See above	JR?	, (
2. I bexeby certify to	hat I attended th	e deceased fromand that death occurred at	, 19, to	, 19, that I louses and on the date state	ist saw the deceased led above.
23a. SIGNATURE	J Will	nam (Degree or title) Coroner	236. ADDRESS		3/27/50
24a. BURIAL. CREMA TION, REMOVAL (Breedty "Burial")		24c. NAME OF CEMETER	m. St	ocation (City, town, or con. Louis Co.	Mo.
MARTO 1 1950	REGISTRAR'S SI	Sharter / De	35. FUNERAL DIRECTOR' Jay B. Smith		ADDERS
		(Licensed Embalmer's	tatement on Reverse Side)		6.72.2



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	certificate was embalmed by me, or by
	Student Embalmer No
orking under my personal supervision.	1 000 10 1

Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

Licensed Embalmer No....

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.